

GETTING IT RIGHT FOR EVERY CHILD in EDINBURGH

PRACTITIONER'S GUIDE

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INTRODUCTION

The Children and Young People (Scotland) Act 2014

The Act is wide ranging and includes key parts of **Getting it right for every child**, commonly known as **GIRFEC**.

Wellbeing sits at the heart of Edinburgh **GIRFEC** practice and reflects the need to tailor the support and help that children, young people and their families are offered. The consistent terminology will support practitioners from across Edinburgh when working with children and families.

[Child - For the purposes of this document the term ‘child’ refers to a person who has not yet attained the age of 18 years.]

UNDERSTANDING WELLBEING

Considering the quality of children and young people’s lives

The Children and Young People (Scotland) Act 2014 endeavours to improve the wellbeing of children in Scotland. The Act is wide ranging and includes key parts of **Getting it right for every child**, or **GIRFEC**.

Wellbeing sits at the heart of **GIRFEC** and reflects the need to tailor the help that children and their families are offered to support their wellbeing. A child’s wellbeing is influenced by everything around them and the different experiences and needs they have at different times in their lives. Information Sharing now forms part of a new draft Bill ‘Children and Young People (Information Sharing) (Scotland) 2017’. The Bill process will be followed by a formal public consultation on the revised statutory guidance for Parts 4 and 5 of the 2014 Act and the Code of Practice on information sharing. The Scottish Government will work with Parliament to agree a timetable to enable commencement in 2018.

What is wellbeing?

Wellbeing is broader than child protection and how we tend to think about welfare.

To help make sure everyone – children, families, and the services that support them – has a common understanding of what wellbeing means, we describe it in terms of eight indicators.

What do the wellbeing indicators mean?

These eight wellbeing indicators are known collectively as SHANARRI. While each indicator is separately defined, in practice, the indicators are not discrete, but connected and overlapping. In this way, they give a holistic view of each child and allow the child and the adults supporting them, to consider strengths as well as barriers to growth and development.

Child protection services will continue to protect children at risk of significant harm.
IF YOU HAVE A CHILD PROTECTION CONCERN FOLLOW YOUR CHILD PROTECTION PROCEDURES.

How are the wellbeing indicators used?

Each child is unique and there is no set level of wellbeing that a child should achieve. Each child should be helped to reach their full potential as an individual.

The wellbeing indicators help make it easier for everyone to be consistent in how they consider the quality of a child’s life at a particular point in time.

Families and people working with children can use the wellbeing indicators to identify what help a child needs in order to help them access the right support or advice.

All services working with children, and those who care for them, must play their part to promote, support and safeguard children's wellbeing.

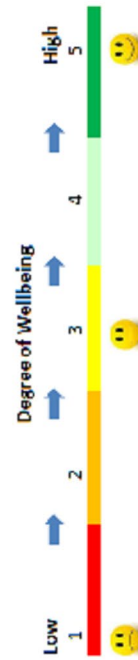
Edinburgh Wellbeing Outcomes -



Edinburgh Wellbeing Outcomes

getting it right for every child

Safe	Healthy	Achieving	Nurtured	Active	Respected	Responsible	Included
I am safe with my family	I eat well	I am learning new things	I receive warmth and love	I play / take part in activities	I am involved in decisions which affect me	I am considerate to others	I have friends
I am safe where I learn or work	I look after myself	I feel confident	I have people who look out for me	I play / take part in activities with others	I have help to share my views	I have an understanding of right and wrong	In my learning environment people involve me in activities
I am safe where I live	I get the care and support I need	I do the best I can	I have the food I need and I am kept clean and warm		I am treated fairly	I meet my responsibilities	I have opportunities to be with people who are important to me
I keep myself safe	I enjoy life	I am ready for the next stage in my life	I receive praise and encouragement	I am helped to be active	I have my own space	I make a positive contribution	I feel that other people want me around
I am safe around other people	I am able to deal with difficult things	I get the help I need to learn	I am listened to when I am worried or upset		I have people around me who I trust and who trust me	I make good decisions	I have help to overcome disadvantages and barriers



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Key facts about wellbeing

1 Every child should be safe, healthy, achieving, nurtured, active, respected, responsible and included. These eight indicators help make sure everyone – children, parents, and the people who work with them, such as teachers and health visitors – has a common understanding of wellbeing.

2 The eight wellbeing indicators connect and overlap. For example, a health difficulty may have an effect on a child achieving their goals. When considered together the different elements of wellbeing give the whole picture of a child's life at a particular point in time.

3 A child's wellbeing is influenced by everything around them. This includes their individual circumstances, the support they get from their family and community, and the services that support them. Factors such as adequate sleep, play and a healthy balanced diet have a positive impact on all aspects of a child's wellbeing. While the effects of poverty and isolation can have a negative effect on their wellbeing.

4 It is up to all of us – families, early learning providers, health visitors, teachers, GPs, police – to work together to promote, support and safeguard the wellbeing of all of our children. Children have different experiences and needs at different times in their lives. Understanding how this affects their wellbeing, and providing the right support when they need it, helps them grow and develop and reach their full potential.

As a practitioner what does this mean for me?

A wide range of practitioners are required to think about children's wellbeing in the course of their day-to-day activities when exercising functions under the Act. This will include practitioners with direct responsibilities for children, and those with indirect responsibilities (for example, those delivering services to parent(s)/carers).

For example, a teacher who notices a change in a child's school attendance, or a youth worker who becomes aware that a child is a victim of bullying, must consider whether these circumstances are a consequence of, or an influence on, the child's wellbeing.

Practitioners providing a service to, or coming into contact with, adults who are parents; adults who are siblings of children and adults who have regular contact with children, are also required to consider children's wellbeing. For example, a GP treating an adult with a chronic health condition must consider whether the adult's condition is affecting their child or children's wellbeing.

Practitioners providing general services in the community may have information relevant to children's wellbeing. For example, a Police Officer charging a 14-year-old boy following an ongoing dispute between two groups of youths is required to consider the boy's wellbeing and to assess whether he is eligible for support via the Pre- Referral Screening process. PRS is designed to facilitate a multi-agency assessment of wellbeing concerns in relation to the alleged offence, and to identify the most appropriate support for the child, with the aim of diverting the child from criminal proceedings, preventing further offending and meeting identified needs.

Practitioners with a particular focus in a specialist area (for example, oncology consultant, substance misuse support worker) have specialist assessment tools that they use to analyse information about a specific area of a child's needs. These specialist assessments form part of the holistic assessment of wellbeing, and should be considered in the context of the child's life at home and in the wider community.

As a practitioner how do I assess wellbeing?

Assessments of wellbeing will be required in a wide and varied range of circumstances. Local authorities, health and social care partnerships, directing authorities, other service providers and related services have local training, policies and procedures in place to support their employees in assessing wellbeing.

All practitioners should know how to identify a wellbeing need.

A wellbeing need may be identified by the child or by anyone who knows or supports the child and can be identified for many reasons, such as (but not limited to) the following:

- a) a child may be worried, anxious or upset about an event/set of circumstances, including socio-economic circumstances;
- b) a parent(s)/carers or family member may have noticed a change in the child's behaviour, demeanour or developmental progress;
- c) a parent(s)/carers or family member may have concerns about the impact on their child of an event or set of circumstances;
- d) a practitioner may have concerns for a child's health, or may have noticed a change in their behaviour, demeanour or development
- e) a child may be offending, or putting themselves at risk of harm.

This is not an exhaustive list. Any indication that a child's wellbeing is, or is at risk of being adversely affected, can constitute a wellbeing concern.

The wellbeing need will arise from observation or assessment which indicates that one or more aspects of wellbeing is, or is at risk of being, adversely affected or subject to an effect by factors related to the child. Professional judgement based on experience and training and information about the child and their circumstances, will be key to identifying wellbeing needs. In some cases, a single observation or incident may be judged to represent a risk to wellbeing and be considered a need. In other cases, the context of the observation or assessment and wider knowledge of the child's general wellbeing and circumstances, may either heighten or reduce the need. The nature of the need will be specific to the individual child, their age, stage of development and circumstances, so what represents a wellbeing need for one child, may not be judged a need for another child. Consideration should be given to whether or not these wellbeing needs should be communicated to the child's Named Person. Any Wellbeing Concerns should be returned on the appropriate 'Wellbeing Concern' Form:

edinburgh.gov.uk/childplanningfolder

If the Wellbeing Concern form is received electronically, it should be printed and stored appropriately. (The paper form should be locked away in Wellbeing Concern folder / Child Protection folder as appropriate.) This should then be deleted from a local desk top and deleted from deleted items. Once a wellbeing concern has been sent to the Named Person, a copy of that information should not be saved by the sender. A Named Person can send a receipt, but it is not appropriate to hold sensitive information locally.

Anyone can send a Named Person a Wellbeing Concern for a child. The Named Person can store this information without needing to receive permission. A Wellbeing concern form can be created where there *may* be a concern, even if it is in fact a 'false alarm'. **This is about empowering a Named Person to receive a Wellbeing Concern form** and enabling the appropriate assessments to be made.

Ensure you store all Wellbeing Concern forms in the Wellbeing Concern File or Child Protection file and use a Wellbeing Chronology which can be found on the orb. No other documents should be stored within the Wellbeing Concern File.

How do you reach a child's Named Person?

Contact details of how to reach the Named Person will be maintained on the Edinburgh GIRFEC website.

edinburgh.gov.uk/girfec

What will the Named Person do with wellbeing needs raised?

A Named Person will be available to listen and help a child and their parent(s)/carers, advise upon or provide direct support and help them access other services they want. For example, a health visitor may request assistance from a speech and language therapist, or a guidance teacher may put parent(s)/carers in touch with a local bereavement counselling service.

When the child, their parent(s)/carers, or someone who works with them raises a wellbeing concern, a Named Person will use the wellbeing indicators and carefully consider the situation by asking six questions:

1. What is getting in the way of this child's wellbeing?
2. Do I have all the information I need to help this child?
3. What can I do now to help this child?
4. What can my agency do to help this child?
5. What additional help, if any, may be needed from others?
- 6 What is the Child / Parent / Carer saying?

Once they have considered the situation, a Named Person will discuss this with the child's parent(s)/carers and relevant staff, and if required, complete an Assessment of Need and determine what needs to be done to improve the child's wellbeing.

They will then plan what action(s) will be taken with the child and their parent(s)/carers and arrange appropriate review dates for any children's planning including a Child's Plan. Each situation and information will be unique to the child and the way they are supported will be tailored to their individual needs. This may include organising a Child's Planning Meeting. This could be

- a) Pathway 1 and 2 – support in school
- b) Pathway 3 and 4 – support of an external professional is required.

The Child Planning Meeting document can be used as a template for either a) or b) and can be stored electronically in a secure 'access controlled' folder for the purpose of allowing it to be a working document. Each time a change is made, a copy should be printed and filed appropriately.

A Named Person will offer advice or support in response to a request from a child or parent, or when a wellbeing need is identified. They can help a child or their parent(s)/carers address their concerns early and in some cases, avoid bigger concerns or problems developing.

At each stage, information received, action taken, and if consent has been sought / received should be recorded as professional judgement in SEEMiS Pastoral Notes.

<https://www.edinburgh.gov.uk/downloads/file/27909/wellbeing-concern-form-guidance>

Information Sharing

In City of Edinburgh Council, various agencies have different functions and responsibilities but we need to share information between and among ourselves at different times and for different purposes. We can do this electronically, verbally or in writing with the right controls in place.

NB Information Sharing legislation is not yet enacted, so data protection legislation applies.

Background

Significant information sharing already exists in areas such as: referrals for assessment of need because of difficulties in learning; for assistance/ support because of concerns about a child's wellbeing, health or behaviour, a family's homelessness; etc. All of these circumstances routinely require us to share some information among some or all of the partner agencies. In some circumstances, we have a duty to share information. A decision not to do so, or failure to do so, would require to be justified and recorded by the individual concerned.

- If there are concerns that a child may be at risk of future harm, with consent, relevant information can be shared with appropriate agencies to enable a multiagency wellbeing assessment to take place.
- If a child is considered to be in imminent danger, child protection procedures should be instigated.

The child's right to privacy is central to any decisions that are made about them. Where the child is able to consent, they should be asked to do so before any information is shared about

them. If the child is unable to consent then the parent(s)/carers should be asked to do so on his/her behalf. Further information about consent is detailed below:

Who can consent to the sharing of personal information?

a) From the age of **twelve** children are presumed to be able to understand what it means to give consent to the processing or sharing of their personal information. Children under the age of 12 may be deemed to have that capacity depending on their level of understanding and level of maturity.

b) Children **12 - 15** years are presumed to have a sufficient level of understanding of the nature of consent and its consequences. Staff should be clear that they believe the child has the capacity to consent and they should not be treated as unable to make a decision until all practicable steps to help them have been taken. When assessing a child's understanding, staff should explain the issues using the child's preferred mode of communication and language in a way that is suitable to the child. If staff are unsure whether the child has the capacity to consent then they should consult their manager or another professional adviser. The child's parent(s)/carers, another professional working with them or an advocate may be able to provide relevant information or advice. If the child does not have the capacity to consent then consent should be sought from the parent(s)/carers or person with legal authority to act on behalf of the child.

c) Parental rights and responsibilities largely cease when the child is age **16**. The exception to this is a parent(s)/carers responsibility to continue to provide guidance to their child from age 16-18. So, practitioners should seek to keep parent(s)/carers involved in issues affecting their children, but only to the extent that this is compatible with the rights and autonomous choices of the child.

d) If we disclose any information about a child, who has the requisite mental capacity, to their parent(s)/ carers without that child's consent, we require to justify this in the same way as any other disclosure of information without consent.

e) For children over the age of 16, we should seek consent from the individual themselves, in line with the rights of other adults.

f) In circumstances where there may be a question about the capacity of a child over the age of 16 to give consent to sharing personal information, we should consider their understanding of the issues. If we believe that the person is not able to do this, we should make reference to other relevant persons and the context around the need to share the information.

How to seek, obtain and record consent (in appropriate circumstances)?

When it is appropriate for us to seek consent, we need to make sure that consent is given on an informed basis by explaining:

Why the information is to be shared;

What information is to be shared; and

With whom it is to be shared.

This should be explained in a simple, open, honest way whilst being mindful of any perceived imbalance of power.

We need to obtain the consent of the child and/or their parent(s)/carers to share their individual information when seeing them for the first time or at the point when we decide that another partner agencies services/input are required.

'Information Sharing' should be explained but should never be used as the sole means of explaining and obtaining informed consent. We must obtain this by means of good verbal communication between the child and/or their parent(s)/carers and the member of staff who wishes to share their information with another agency.

In exceptional circumstances, verbal permission to share is acceptable. However, we should follow this up by obtaining written consent or, if this is not possible, we should advise the individual in writing that their verbal consent has been recorded as given.

Two documents - Consent Conversation Record and Consent Conversation Record for Young People can be found on the orb in the GIRFEC section. edinburgh.gov.uk/girfec or Search 'GIRFEC' in ORB.

We should record in the individual's case notes:

What information is being shared;

With whom the information is being shared; and

If consent has been given.

NOTE: It is important that consent is entirely voluntary and you should always make it clear to children and/or their parent(s)/carers, that they have a choice about whether to give their consent or not. Consent must not be sought where a decision has already been made, by the relevant professionals, to share the information as this would lead the parents to believe that they still have a choice. Details are given below of the very limited circumstances in which sharing without consent may be necessary and/or justified, but we should still tell children/parents / carers except in exceptional circumstances, such as child protection situations.

Dealing with consent being refused?

In some cases, the individual may refuse to give consent. If a child withholds consent against parental agreement, then the wishes of the child should be considered as paramount, in so far as this does not adversely affect the care of the child or place the child in any danger.

If an individual refuses to give their consent to their information or that of their child being shared, we must explain the consequences of our not sharing information to them or their parent(s)/carers. Sometimes a consequence might simply be that the child does not access support which could help them, but there can be other consequences such as; the person may have to provide the same information to several professionals and delays in service may occur as a result. For example, support from Social Services cannot be provided on request from a health practitioner without explaining to social work staff what the person's needs are and how to meet these.

Equally, we need to record a decision not to share information with other agencies if permission to share is refused. The practitioner needs to discuss this decision with their line manager and have it endorsed. It is important that the basis for not sharing is recorded and

noted in the case notes and the service user informed of the decision. This should be recorded in Pastoral Notes on SEEMiS.

NOTE: Irrespective of any refusal of consent, if there are concerns that a child is suffering significant harm or will do so in the future, then immediate action should be taken and child protection procedures should be instigated.

Consent is withdrawn?

If a service user/parent/carer withdraws consent, the practitioner needs to explain fully the consequences of this action, advise their line manager and record the decision in the case notes. The practitioner should advise the agency receiving the information that consent has been withdrawn and that they should cease processing and sharing the information from that point onwards.

NOTE: An individual cannot withdraw consent to sharing retrospectively i.e. if information has been shared already it cannot be un-shared. If information has been shared, an individual has the right to ask for wrong information to be corrected. The receiving agency should be notified accordingly and the information should be corrected and this recorded, but information previously shared cannot be withdrawn.

Following the withdrawal of consent, further information should not be shared and it should be clearly explained to the individual that information already shared cannot be recalled. These details should also be recorded on file.

If a data subject is unhappy about how their data has been handled they should contact the Information Governance Team: Information.compliance@edinburgh.gov.uk

Someone may be unable to provide consent?

If an individual cannot give consent to share information at the point when consent is required, the practitioner should ask 3 basic questions:

1. Does the person, (including child over 12) understand the nature of consent and its consequences?
2. Is there a legitimate need to share?
3. Will failure to share place the child at risk of significant harm?

The practitioner should discuss sharing without the individual's consent with a relevant person (depending on the person's family and social circumstances) e.g. a parent(s)/carers, Lead Professional, GP or the practitioner's line manager.

In the case of a child, consent may rest with the parent(s)/carers if the child is under 12 years of age or not considered to have capacity. In such cases, we will need to consider the parent(s)/carers capacity to understand the nature and consequences of consent being withheld. Serious concerns about risk of harm to a child would override parental withholding of consent.

Where a parent(s)/carers or child is considered not to have capacity, and the decision is to share information, the practitioner should record in the individual's case notes:

Why the decision was made;

Who was involved;

The purpose of sharing information; and

What information is to be shared, with whom and the date.

We should inform the parent(s)/carers and, where appropriate, the child, of the decision. We need to inform the recipient of the information of the basis on which the decision to share was made.

Sharing information without consent?

The sharing of information without consent should take place only where clearly justified in the circumstances of an individual case, and not as a matter of routine.

Information should be shared without consent where there are concerns that a child is at risk of future harm, abuse or threat to life. If there is considered to be an imminent danger, child protection procedures should be instigated.

A practical example of a situation where no consent would be required would be in the case of a 5-year-old child, who may be at risk of abuse by a parent, or a 13-year-old child, who is considered to have capacity telling a practitioner about information which merits child protection procedures.

Equally, if it is believed the child has been abused, or is at risk of abuse or serious harm, or that other children may be at risk, consent should not be asked before sharing information. The issue may require sensitive and supportive handling but consent to allow sharing should not be a barrier.

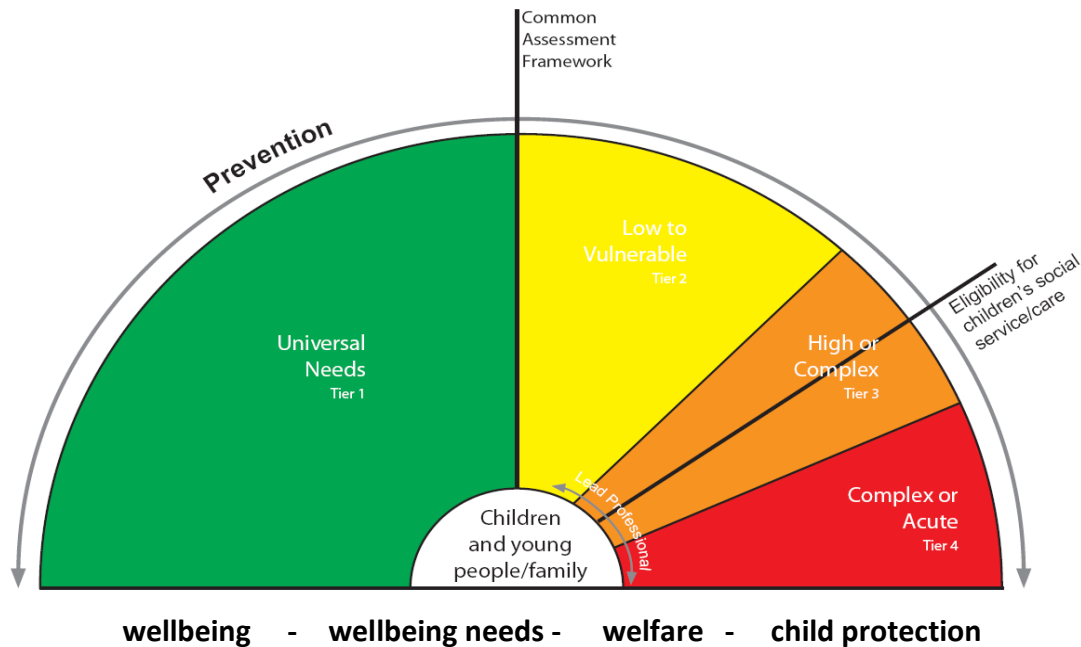
The decision to share information without the consent of a parent(s)/carers or a child, is a difficult one and can pose challenges for staff. The practitioner needs to discuss this decision with their line manager / colleague and record that they have done so. This may apply in relation to circumstances which may arise when staff have a primary involvement with one member of a family or extended family but concerns arise about the safety of another family member e.g. a child, because of that individual adult's behaviour. An example of this would be where an Addiction Worker becomes aware that a service user has bought no food for their young family and has spent all their income on drugs.

In such circumstances, practitioners must make an assessment of the risk of significant harm which the child may face and whether this risk justifies a breach of the duty of confidentiality owed to the parent.

In all circumstances, the welfare and protection of the child is paramount. Record concerns focussing on the impact on the child.

Practitioners should still let people know that they are sharing information even if they are not seeking consent. The only time not to do this is if it is considered that telling someone

about sharing may put the child at risk of harm. All decisions and actions need to be documented.



Risk of Harm

If the perceived risk to a child has not reached child protection levels, but there are concerns surrounding the child's wellbeing and **risk of harm**, any practitioner making a considered assessment on sharing information should take into account:

Is the child at risk of harm?

Would sharing the information protect the child from harm?

Would the risk of harm to the child be increased by not sharing the information?

Is the sharing of information necessary and proportionate?

It is vitally important in such circumstances, that staff record why the decision was made, what information is being shared, with whom and who was involved in the decision. This should include notification to the receiving partner of the decision to share information without consent.

There are other, very limited, circumstances where sharing information without consent is likely to be necessary and/or justified, as follows (this is not an exhaustive list):

- Where sharing information is necessary in order to prevent crime or other seriously improper conduct and/or to support the prevention, investigation, detection of crime;
- Where sharing information is necessary in order to comply with an instruction or order issued by a court; and

- Where sharing information is necessary to comply with a statutory requirement e.g. where the information is required by a Children's Reporter as part of their investigation of a child referred to them.

In all such cases, the decision-making process should be recorded and retained in SEEMiS Pastoral Notes and in paper files as appropriate.

Information sharing pre-birth?

Practitioners should involve parents in decisions about sharing information, unless there is a risk of significant harm to the unborn child and this would increase the risk.

Practitioners caring for a pregnant woman should always consider if the unborn child may be endangered by the adult's condition, behaviour or lifestyle. This includes sharing information prior to the birth of a child to ensure protective plans are in place from the moment of birth.

In these circumstances when a pregnant woman refuses to consent to information being shared, health professionals must discuss this refusal with the child protection advisor. Based on circumstances, action could be taken to share without consent.

The decision-making process together with why, what, when and with whom information has been shared should be recorded in the individual's notes. The recipient of the information should be informed of why we decided to share information.

Review process?

We need to formally review consent at least annually and this consent should be an ongoing part of the individual's care during their Child's Assessment and Plan review. Where the consent status changes, we need to update the appropriate system and the individual's case notes accordingly.

Sharing information about a person who may pose significant risk to staff?

If a practitioner wishes to share an individual's information in order to protect employees and others then this should be discussed in the first instance with their line manager and progressed via their agency's procedures. These procedures should be compliant with the data protection legislation, as well as the agency's general duties as contained within the Health & Safety at Work Act and obligations under the Management of Health and Safety at Work.

Seven golden rules for information sharing?

Regulations 1999 (Regulation 10 & 12).

1. Remember that data protection is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared fairly, lawfully and proportionately;
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible;
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, the child is at risk of future harm. You will need to base your judgement on the facts of the case and fully record your decision;
5. Consider safety and welfare: Base your information sharing decisions on considerations of the safety, protection, wellbeing and welfare of the person and others who may be affected by their actions;
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely; and
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

See Appendix I – ‘Reports submitted to external agencies.’

NAMED PERSON

Access to a Named Person is part of Getting it right for every child (GIRFEC) to promote, support and safeguard the wellbeing of children.

The Children and Young People (Scotland) Act 2014 is about improving the wellbeing of children and young people in Scotland. The Act is wide ranging and includes key parts of **Getting it right for every child**, commonly known as **GIRFEC**.

Most children get all the help and support they need from their parent(s)/carers, wider family and community, but sometimes they may need a bit of extra support. The Act gives all children from birth to 18, or beyond if still in school, access to a Named Person to help support their wellbeing. A Named Person will be a central point of contact if a child or their parent(s)/carers want information or advice, or if they want to talk about any worries and seek support. The Named Person can also, when appropriate, reach out to different services who can help.

Who will be a Named Person?

A Named Person will normally be the health visitor or family nurse practitioner for a pre-school child and a promoted teacher - a headteacher, for a school age child.

The Named Person duties are integrated into their current role and strengthen the support they currently provide, formalising their role as a central contact for children, young people, parents and the other professionals supporting them.

All children are entitled to a Named Person but they can decline the support offered by the Named Person at any time.

What will a Named Person do?

The Named Person will promote, support and safeguard a child's wellbeing. These functions are: to offer information, advice or direct support; or help to access a service or support; or to raise a matter with other services or authorities.

A Named Person will be available to listen, advise and help a child or young person and their parent(s)/ carers, provide direct support or help them access other services. For example, a guidance teacher may put parents in touch with a local bereavement counselling service.

They will also be a point of contact for other services if they have any concerns about a child's wellbeing needs.

Key facts about the Named Person role

1 A Named Person will be available to children and young people across Scotland from birth to age 18, or beyond if still in school. This means a child, young person, parent, or someone who works with them, knows who they can approach for help or advice if they need it. A Named Person will normally be a health visitor or family nurse for pre-school children or a head teacher for school aged children and young people.

2 The Named Person will work with children, young people and their parent(s) to get the help they need, when they need it. A Named Person has a responsibility to respond to a wellbeing need for a child but there is no requirement to take up the offer of advice or support. A Named Person does not replace or change the role of a parent or carer. The rights and responsibilities of parents to raise their children and provide for their wellbeing needs stay the same.

3 The Named Person will help families and the services that support them to work in partnership. A Named Person will be a single point of contact available to parent(s)/ carers, children and young people by law to make getting help and advice more straightforward and joined up. There is no obligation to take up the offer of advice or support. Named Persons have no new legal powers to compel parent(s)/carers or children or young people to accept advice, support or help.

4 Effective communication, including sharing relevant information where appropriate, is essential to ensure children, young people and families get the right help at the right time. Every child's needs and circumstances are unique and a Named Person will work with a child or young person and their parent(s)/carers to offer the right advice and support. Information about the child's needs and circumstances may be shared with a Named Person if it's relevant to understanding what help they may need and it supports their wellbeing. This will be done in discussion with the child and their parent(s)/carers, unless

there is a child protection concern. The Named Person will not directly access personal information held by other services but should hold all relevant information.

5 The new law makes good practice the national standard across Scotland to ensure that support is available to all if needed. The Named Person builds on the supportive role teachers and health visitors have long offered to children and parents.

6 The Named Person is provided by health and education services. A Named Person will support specialist services, such as social work and mental health services, as they continue to respond to the needs of vulnerable children and families. A Named Person does not remove the responsibilities of others working with children, young people and families or change current child protection procedures. The police and or social work will continue to be contacted immediately if a child is believed to be at risk of significant harm.

7 The GIRFEC approach makes better use of available resources. GIRFEC provides a common approach to thinking about wellbeing and co-ordinated planning. This helps to ensure that targeted support is provided where it is required to help a child.

What happens when a wellbeing need is raised?

When the child, their parent(s)/carers, or someone who works with them raises a wellbeing need, a Named Person will carefully consider the situation by asking six questions:

- 1 What is getting in the way of this child's wellbeing?
- 2 Do I have all the information I need to help this child?
- 3 What can I do now to help this child?
- 4 What can my agency do to help this child?
- 5 What additional help, if any, may be needed from others?
- 6 What is the Child / Parent / Carer saying?

Once they have considered the situation, a Named Person will discuss this with the child's parent(s)/carers and other appropriate professionals if required, to assess what needs to be done to improve the child's wellbeing.

They will then plan what action(s) will be taken with the child and their parent(s)/carers and arrange appropriate review dates for the plan. Each situation and information will be unique to the child, and the way they are supported will be tailored to their individual needs.

A Named Person will only offer advice or support in response to a request from a child or parent(s)/carers, or when a wellbeing need is identified. They can help a child, young person or their parent(s)/carers address their concerns early and in some cases, avoid bigger concerns or problems developing.

There is no obligation to accept the offer of advice or support from a Named Person.

Who will provide and support the Named Person?

Health and Education services make sure a Named Person is available to children wherever they live or learn. They will make sure children and parent(s)/carers know the roles and responsibilities of the Named Person and what it means for them. Local authorities will identify suitably qualified and experienced promoted teachers in schools, and appropriately qualified and experienced officers, to carry out the Named Person functions as part of their professional role and day to day work. In Edinburgh, the Head Teacher is the Named Person for school aged children.

Other organisations, like independent or grant-aided schools, secure accommodation services and the Scottish Prison Service (for the small number of young people held in custody), have a duty to make sure a Named Person is available to the children and young people in their care. The legislation does not apply to those under the age of 18 serving in the armed forces, as the armed forces have a duty of care at this time.

Information about a child's needs, specific circumstances and the help they have already received may be shared with a Named Person and proportionately with other services if they are asked to provide additional support.

What does a Named Person do if a child and parent does not wish to engage with the Named Person?

The Children and Young People (Scotland) Act 2014, Part 4, requires a Named Person to be made available for children from birth to their 18th birthday, and to young people beyond their 18th birthday if they remain on a school roll. While the Named Person may offer support, it is up to individual children and parent(s)/carers, whether they wish to engage with the Named Person. If a child or parent(s)/carers does not wish to engage with the Named Person then service providers should try to discuss this with them. The aim of the discussion would be to try to understand concerns, challenge misconceptions, allay fears and provide reassurance.

The Named Person will remain available to promote, support and safeguard a child's wellbeing, and as such, would still receive any wellbeing concerns. They would assess and respond appropriately to concerns and recommend appropriate support which may include initiating child protection procedures where appropriate.

What happens when the Named Person function is already being provided as part of current roles?

For example, health visitors and promoted teachers routinely offer advice, information, support, and help to access other services in order to promote, support and safeguard the wellbeing of the child. The Act will ensure that this support is consistently made available to parent(s)/carers and children. These practitioners also on occasion already receive and share information when there is a concern regarding the wellbeing of a child. Hence, health visitors and promoted teachers in providing the Named Person functions under the Act, will be doing so as part of their well-established roles in supporting children and their parent(s)/carers.

Who is the Named Person for children leaving school before their 18th birthday?

For children who leave school before their 18th birthday, the local authority where they live, will make available a Named Person, who meets the following criteria:

a) holds a post within the organisation which is the service provider in relation to the child; and

b) has had training and experience in providing educational and personal support to children.

Given the potential needs of this group, the Named Person will be someone with the experience and knowledge to provide educational and personal support to children relevant to their age, their wellbeing needs and the nature of their participation in post-school activity. This support may be provided directly from or via signposting to other services. They should be able to access and assess relevant wellbeing information from the child's previous Named Person, or their systems, and help children access local support networks if required. The Named Person should also be able to give information and advice to other services and practitioners, for example, the police or social work.

Where children have more significant wellbeing needs the post school Named Person may need to initiate the Child's Plan process, and then link with the Lead Professional. Where a Child's Plan is in place at the transition from school, the Named Person will be a partner to the plan and will link with the Lead Professional to agree their role.

Who is the Named Person for travelling children?

For children who travel, the local authority where they are living, will make available a Named Person.

Given the potential needs of this group, the Named Person will be someone with the experience and knowledge to provide educational and personal support to children relevant to their wellbeing needs and the nature of their participation in education. This support may be provided directly from the Named Person or via signposting to other services. They should be able to access and assess relevant wellbeing information from the child's previous Named Person, or their systems, and help children access local support networks if required. The Named Person should also be able to give information and advice to other services and practitioners, for example, the police or social work.

Where children have more significant wellbeing needs, the Named Person will need to initiate the Child's Plan process, and TAC identify a Lead Professional. When a Child's Plan is in place the Named Person will be a partner to the plan and will link with the Lead Professional.

Where the Named Person is not available?

At such times; evening, weekends and during school holiday periods, the Named Person Service will take over this responsibility. Social Care Direct will lower the thresholds for referrals during this time. Schools should update Social Care Direct which the most recent minutes from a CPM for any child that they have concerns about in advance of holiday periods. Social Care Direct will then inform schools of any actions taken for any child over

the holiday period to allow for follow up and to allow schools to update the Pastoral Information they hold.

THE LEAD PROFESSIONAL

The Lead Professional is the person who works alongside the Named Person and coordinates multiagency planning and makes sure that the different services provide a network of support around the child in a seamless, timely and proportionate way.

There are some circumstances where children's needs involve two or more agencies working together delivering services to the child and family. Where this happens, in all cases, a Lead Professional will be needed. The Lead Professional becomes the person within the network of practitioners supporting the child and family who will make sure that the different agencies act as a team and the help they are all offering fits together seamlessly to provide appropriate support for the child and family. The Lead Professional has a significant role in working with other agencies to coordinate the Child's Plan.

What is the role of the Lead Professional?

Where it has been agreed that identified interventions are required to support a child's wellbeing a Child's Plan should be prepared. There will be a Lead Professional to make sure that the Child's Plan is managed properly and to co-ordinate the support described in the Plan. The Lead Professional will;

- make sure that the child and their parent(s)/carers understand what is happening at each point so that they can be involved in the decisions that affect them;
- ensure the Child's Plan is accurate, up-to-date, implemented and reviewed regularly; and
- consult and work with the child's Named Person.

The Lead Professional will be a practitioner who is chosen because they have the right skills and experience to ensure the Child's Plan is managed properly, and who can work with the child, their parent(s)/carers, their Named Person and the other services who support the child. Depending on the situation, including consideration of the child's needs, the Lead Professional and Named Person may be the same person.

Information about a child's needs, specific circumstances and the help they have already received may be shared with the Lead Professional and other services involved in the Child's Plan.

In most circumstances, the child and parent(s)/carers will know what information is being shared, with whom and for what purpose, and their views will be taken into account. This may not happen in exceptional cases, such as where there is a concern for the safety of a child or someone else.

Who can be a Lead Professional?

The Lead Professional will be someone employed by one of the services involved in supporting the child and family. When a Child's Plan is prepared the partners to the plan, including the child and parent(s)/carers where appropriate, will need to consider who is the right person to take on the role of Lead Professional. In making that decision they will need to choose the practitioner who has the right skills and experience, and who can work with the child, the parents, the Named Person and the 'Team Around the Child' to support the child. Where a child is looked after or involved in a child protection investigation or proceedings the Lead Professional will be a Social Worker.

How will a Lead Professional be appointed?

The Lead Professional should generally be the professional with the most expertise in relation to the Child's Plan. When deciding who should take the role of Lead professional, practitioners should ask who can:

- bring the most relevant knowledge and expertise to the Child's Plan;
- lead and co-ordinate the Child's Plan;
- arrange the review of the Child's Plan;
- provide confident leadership; and
- work effectively with the child and family.

CHILD'S PLAN

Providing a consistent approach to planning, delivery and coordinated support

The Children and Young People (Scotland) Act 2014 is about improving the wellbeing of children and young people in Scotland. The Act is wide ranging and includes key parts of **Getting it right for every child**, commonly known as **GIRFEC**.

A wide range of children may present with a wellbeing need at some point and these can most often be met with support from their family, community resources or the support generally available within universal services provided by the Health and Social Care Partnership or Local Authority. This is assessed and recorded using the Child's plan

The Act ensures a single planning framework – the Child's Plan – will be available for children who require extra support that is not generally available to address a child's needs and improve their wellbeing.

The Child's Plan is part of GIRFEC to promote, support and safeguard the wellbeing of children. The Child's Plan will become statutory under the Children and Young People (Scotland) Act (2014), the date is yet to be agreed.

edinburgh.gov.uk/girfec or Search 'GIRFEC' in ORB.

What is a Child's Plan?

A Child's Plan supports the child and their family by detailing what support is required to improve wellbeing outcomes. The plan is considered and developed in partnership with the child, their parent(s)/carers. Not every child will require a Child's Plan. It supports and streamlines planning for children who need it.

It brings together current planning processes used for children, including children with additional support needs or child protection arrangements, to ensure plans are coordinated and tailored to meet the specific needs and circumstances of individual children.

When is a Child's Plan required?

If a wellbeing assessment has been carried out and a plan is required to measure improved outcomes for the child, a Child's Plan is developed.

What is a targeted intervention?

A 'targeted intervention' is a service which is provided by and/or arranged by a relevant authority. The Lead Professional coordinates the Child's Plan in collaboration with the Named Person and ensures that SMART (specific, measurable, achievable, relevant, timely) actions are taken to meet the wellbeing needs of children whose needs are not able to be met, or fully met, by the services provided generally to children by the health board or local authority, or independent/grant aided school. This means that a targeted intervention will be a service or some type of support which is more specialist, or targeted at addressing particular wellbeing needs and is therefore not made available generally to children by that authority.

What is in a Child's Plan?

Every plan should include and record:

- information about the child's wellbeing needs including the views of the child and their parent(s)/carers;
- details of the action to be taken;
- the service(s) that will provide the support;
- the way in which the support is to be provided;
- the outcome that the plan aims to achieve;
- when the plan should be reviewed; and
- when the outcome is achieved.

A Child's Plan will also record who will coordinate the support. This person is known as the Lead Professional for the plan who will work with the child and their parent(s)/carers to keep them informed.

Who manages a Child's Plan?

Overall responsibility for delivering a Child's Plan sits with an organisation, such as a health and social care partnership, local authority or independent school. The Lead Professional, ensure that the Child's Plan is managed properly.

The Lead Professional will:

- make sure that the child and their parent(s)/carers understand what is happening at each point so that they can be involved in the decisions that affect them;
- ensure the Child's Plan is accurate, up-to-date, implemented and reviewed regularly; and
- consult and work with the child's Named Person.

The Lead Professional will be a practitioner who is chosen because they have the right skills and experience to ensure the Child's Plan is managed properly, and who can work with the child, their parent(s)/carers, their Named Person and the other services who support the child. Depending on the situation, including consideration of the child's needs, the Lead Professional and Named Person may be the same person.

Information about a child's needs, specific circumstances and the help they have already received may be shared with the Lead Professional and other services involved in the Child's Plan.

In most circumstances, the child and parent(s)/carers will know what information is being shared, with whom and for what purpose, and their views will be taken into account. This may not happen in exceptional cases, such as where there is a concern for the safety of a child or someone else.

Key facts about the Child's Plan

1 The Child's Plan will offer a consistent approach to how support is planned, delivered and coordinated. It will help services to coordinate additional help offered to a child, tailored to meet their specific needs and circumstances.

2 Not every child will require a Child's Plan. A Child's Plan will be available for any child who requires one to address their needs and improve their wellbeing.

3 A Child's Plan is developed in partnership with the child, their parent(s)/carers and the services involved. It will be coordinated by a Lead Professional who will ensure that the plan is managed, coordinated and reviewed to meet the needs identified.

4 The Child's Plan will contain information about why the plan has been created, what it is aiming to achieve, and the actions to be taken to improve the child's wellbeing.

5 The child's Named Person will be a partner to the Child's Plan. A child's Named Person will usually be their health visitor for pre-school children or their head teacher, for school age children.

Chronology

Core elements –

- Key dates; Date of Birth and life events.
- Facts; being placed on the Child Protection register for example.
- Professional Interventions; reviews, hearings, etc.
- Brief note of the event, but including enough information so the entry makes sense.
- Be careful to avoid jargon and avoid opinions: 'Hygiene not up to standard.' (Who's standard?) A strong chronology is a record of facts.
- Actions taken.

For example:

Date of event	Event	Source	Impact	Action taken	Entered by	Date of Entry
	A brief description of the event – Plain English, non-judgemental, clear, and factual. May include impact on the child's Wellbeing (SHANARRI)	Who, which practitioner, service, or agency?	This may be positive or negative and may change over time.	Professional action taken or response to mitigate adverse impact on the child. If no action taken, why not?	Who, which practitioner, service, or agency?	This should be recorded as soon as possible after the event or incident has been identified.

FURTHER INFORMATION

GUIDANCE ON THE PUPIL PROGRESS RECORD

The front cover contains the following information:

Name

Address

Date of Birth

Scottish Candidate Number: unique number for each pupil

Pupil Status to cover: Child Protection Legislation, Looked After, Supervision Requirement, CSP (Co-ordinated Support Plan), IEP (Individualised Educational Programme) or similar, Health and Significant event (e.g. Bereavement). This section will allow for one coloured dot / an insert at the front of the PPR to identify that additional information is held elsewhere.

- The contents of the PPR should be held in strict chronological order, with the most recent entries at the front of the file
- Appropriate steps must be taken to maintain and update PPRs
- Access to the contents of PPRs should be restricted to appropriate staff (Further guidance on access given later.)

- PPRs should **not be** removed from the school except at times of transfer, by Directorate request, for Court purposes or in 'Child Missing from Education' situations.
- There should be clear guidelines for the transfer of PPRs at times of transition.
- The PPRs should be held in a lock fast cabinet in a central location. Open shelves in a locked room are not sufficient security.

PPRs should include –

- A yearly updated paper copy of contact information (first item in folder; should include key Professional contacts)
- Attendance records
- Correspondence confirming the existence of a health protocol e.g. administration of medicines / emergency procedures - Reports from Allied Health and Health Professionals only if there is an impact on educational attainment.
- 'significant' events in the child's history e.g. bereavement of parent/sibling, change of named carers Exclusion pro formats and related correspondence.
- 'Children Missing from Education' forms
- Requests from parents regarding religious observance
- A copy of any references provided by the school especially the last reference for future use.

PPRs should **NOT** contain:

- Wellbeing Concern forms - Advice is that Wellbeing concern forms should be stored in a Wellbeing folder (with chronology and no other documents) and moved into an individual Child Protection (CP) folder as appropriate.
- Police Concern – VPD (Vulnerable Persons Database) report
- Looked-after children care plan
- Minutes/reports from related meetings e.g. Children's Panel – anything containing CP information must be stored in a CP folder.
- Examples of pupil's work (schools and clusters should develop agreed ways of transferring this important information out with the PPR)
- Letters from parents about absence, lateness, holidays
- Health records – unless there is an impact on educational attainment.
- Any notes made by staff which are personal
- Current Co-ordinated Support Plan
- Child Protection documentation.

Many local authorities keep the above information separately and the PPR must indicate that additional information is stored elsewhere and should record securely in an access controlled folder where and by whom it is kept.

PPRs should be retained for 5 years from the point of the young person leaving school.

PPRs – locked away, only relevant staff have access.

CP - Child Protection files - should be in the Head Teacher's (DHT's) office so that he/she is the 'gatekeeper' and authorises access to view them.

Police files – locked cabinet, out with the PPR.

WBC – Wellbeing Concern- locked cabinet, out with the PPR.

Any CP information should be retained for 35 years.

If a young person leaves the Local Authority (this includes leaving to attend a non-local authority school) their PPR should remain at their original school. A copy of documents can go with them to their new school.

How long should PPRs be kept in school?

In primary schools these are retained while the child is in the school; then transferred to the relevant secondary school. These should be retained in school for **FIVE YEARS** from the date of the last entry, then transferred to archives then shredded. An archive service may be used and boxes can be purchased and several documents be stored within. A reference number from this box should be recorded on SEEMiS Pastoral Notes.

For CP / LAC files should be printed and archived for 35 years.

Access requests

- FOI – Freedom of Information - data collected from large numbers on a specific issue, not relating to one particular individual.
- Pupil Records – test results, factual information etc schools will deal with this routinely.
- SAR – Subject Access Request - sensitive personal details, over and above usual data.

If a SAR has been received it must be forwarded to the IGU (Information Governance Unit) without delay.

Please ensure that the request is stamped with date of receipt. The Council has a legal requirement to fully respond to SARs within 30 calendar days from the date of receipt. There is no requirement to mention “subject access” or make reference to the Data Protection Act when requesting personal data. Schools should be aware that such requests could be made via schools' social media accounts and they must be responded to in the same way.

Under no circumstances give out records to take away.

Speak to Information Compliance / Information Governance unit.

information.compliance@edinburgh.gov.uk

Child Protection Record

Mark the PPR with an indicator to show that there is information held in a wellbeing / child protection folder.

Ensure change of name is recorded and passed onto other professionals involved.

Files must be personally handed over or registered mail should be used for all transfers, never internal mail.

Contents-

Child's details:

SEEMIS Pupil Profile

Relevant names and addresses including the contact details of services in regular contact with the child or young person. This must be kept up to date.

Legal Information

Dates of Case Conference / Core Group meetings, Hearings and LAC reviews
Information on CP register and LAC status updated on a regular basis.

Chronology

See previous section. The purpose of the chronology is to document events in the child's and family's life so that their impact over time or any patterns may be observed and responded to. It does not replace existing records, but provides a summarised account of events, which can support and evidence the assessment of need or risk. It will also include significant positive achievements. It must be up to date and reviewed regularly.

Referrals

Date file opened

Welfare Concerns

Concerns regarding parents'/carers' behaviour which has a direct impact on the child

Any difficulties in contacting parents/carers

Record of failure of parents/carers to keep medical or dental appointments

Child/Family 'disappearing' from the school role

Change of child's name

Custody dispute

Child Protection Referral

Child Protection Order, particularly if any conditions affect the school

Core Group Meetings – any changes to child's plan

Change of School

Reports of concern by members of the community.

Child Protection Case Conference & Reviews - outcomes

Children's Hearings – outcomes and any specific conditions that affect the school

LAAC Reviews – outcomes

Contact sheet

This would enable staff to differentiate between routine contact and matters causing concern that subsequently need to be recorded on the chronology e.g. 3 phone calls that go unanswered.

Assessment of Need

This should be used by the named person to gather information and decide whether to initiate a Child / Young Person's Planning Meeting.

Child's plan

This must be completed in all instances where assessment of need recommends services or a significant intervention. The Child's Plan sets out the actions to be taken to meet the child's needs. It records the person responsible for taking each identified action and the timescales for this.

Progress and Achievement Profile

The templates provide guidance on the content of information required for reports to Child Planning meetings, Hearing Reports, LAAC reviews etc.

Child / Parent & Carers Views

The templates should be used to record the views of the child and parent / carer.

Child Protection Case Conference / Core Group Minute

All minutes and correspondence in date order.

Children's Hearings

All minutes/reports and correspondence in date order. Outcome should be in date order.

LAC / LAAC Reviews

All minutes and correspondence in date order.

Health

Update reports from health professionals including, School nurse team leader, Health Visitor, CAMHS, Speech and Language Therapy, Occupational Therapy etc.

Police

Any report or correspondence including Link Officer Reports.

Wellbeing Concern Forms and Pastoral Notes

All staff must be aware that they should share concerns about a child through a Wellbeing Concern Form and a Pastoral Note should be recorded on SEEMIS. The Named Person must be made aware of the concerns.

Individual Wellbeing concern forms should be stored in Wellbeing folder separate from the PPR and moved into an individual Child Protection folder as appropriate. This folder can be a separate one for each child or can be a folder with all Wellbeing Concern Forms separated with a divider. There should be no other documents within the Wellbeing concern folder.

The GIRFEC internal Audit (May 2017) recommends that all schools should implement the use of Pastoral Notes by 31st December 2017. SEEMiS is the only system that City of Edinburgh Council (CEC) considers having adequate security for recording pastoral notes.

Guidance can be found via the ORB.

Recording Concerns

- GIRFEC paperwork available on the orb.
edinburgh.gov.uk/childplanningfolder
- Factual, consistent and accurate
- In the child's own words
- Recorded by the person noting the concern
- Provide context
- As soon as possible, certainly the same day.
- Amendments/additions signed and dated.
- Records are legal documents

What happens next?

- An IRD (Inter-agency Referral Discussion) will take place between representatives from Health, Police and Social Work.
- Possible outcomes:
 - No action
 - Monitoring
 - Child Welfare
 - Child Protection
- Information fed back to referrer

Joint Investigative Interview

- Decided by IRD
- IRD may seek your view on child's presentation.
- Consideration of who to accompany child.
- Parental consent not required.
- Police/Social work should advise family.

Child Protection Case Conference

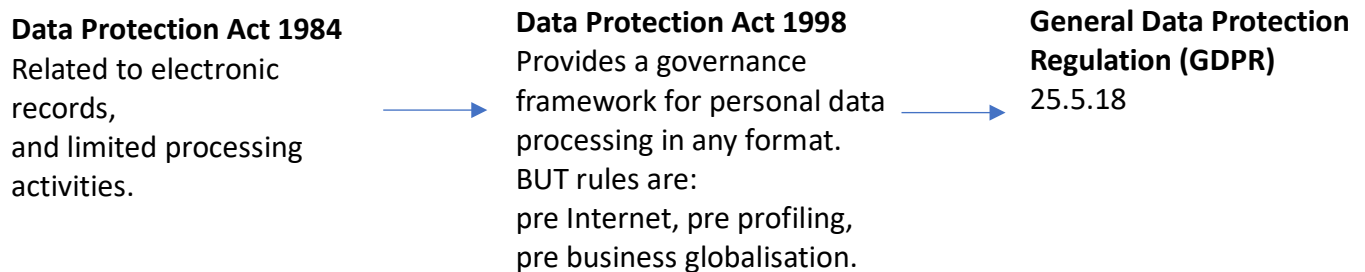
- Must take place 21 days after initial referral
- Reports are required to be submitted in advance
 - Chronology
 - Shared with family in advance of meeting by the lead professional
 - Assessment

- Review after three months
- Subsequent reviews every six months
- Core group to meet regularly

See Appendix 2 – Child Protection Summary

General Data Protection Regulations (GDPR)

Why?



In force on 25th May 2018. This is ‘Evolution not Revolution.’

GDPR -

- Harmonises data protection across European member states
- Introduces a new privacy framework focussing on **accountability** i.e. demonstrating compliance
- Expands the definition of personal data
- Greater enforcement, bigger fines

GDPR- What does that mean for me?

<https://orb.edinburgh.gov.uk/information-governance/general-data-protection-regulation-gdpr>

Principles –

The principles largely remain the same, information should be-

- Processed fairly and lawfully, and in a **transparent manner**
- Collected for specified, explicit and legitimate purposes
- Adequate, **relevant** and limited to what is necessary
- Accurate and, where necessary, kept up to date

- Kept for no longer than is necessary
- Processed in a manner that ensures **appropriate security**.

In other words –

- Tell people what you will do with their data.
- Know what your condition of processing is.
- Only collect/use/share what you need to.
- Keep information up to date.
- Follow the Council retention rules.
- Keep personal data secure.

New requirement – we must be able to demonstrate compliance

Privacy Notices-

Data subjects have a right to know what we will do with their personal data.

Name & contact of Data Controller
Purpose for processing

Who will receive it
Where it will be kept
How long it will be kept
How to complain
Presence of automated decision-making/profiling



In simple & concise form

Children’s data-
Children must be able to understand the notice

Templates will be available on the ORB.

Consent under GDPR – this becomes more difficult in that we can no longer rely on a consent based model because of the perceived imbalance of power, even where an individual gives consent. We still need to seek consent under UNCHR but we must also seek the individual’s **views** about the issue.

Data Breaches -

You **MUST** report any potential data protection breach **IMMEDIATELY**:

Information Compliance / Governance Unit:

<https://orb.edinburgh.gov.uk/databreach>

Data Protection Impact Assessments (DPIAs)

In processing design we must ensure:

- Processing is relevant and non-excessive
- Don't hold/use what you don't need.
- Keep personal data secure.

Privacy Impact Assessments will be re-branded as DPIAs. They will:

Identify and minimise non-compliance risks

Meet expectations of privacy

Be mandatory under GDPR

DPIAs document that we have tried to do the right thing.

Individuals rights include:

- Right to be informed (Privacy notices)
- Right of access – Subject Access request– 30 days to respond, 3 months for difficult cases information governance / compliance team will walk you through it – you should ask.
- Right to erasure / forgotten – this does NOT apply to Education.
- Right to object.

Data Protection Officer

Is still to be appointed. This will be the Council's critical friend:

Monitors and reports compliance issues

Advises colleagues, & senior management

Key contact for UK ICO (Information Commissioner's Office)

Once you know who the DPO is. Use them, and the IGU.

Pass all data protection enquiries to the Information Governance Unit.

Information.compliance@edinburgh.gov.uk

PLEASE SEE THE GDPR FOR SCHOOLS DOCUMENT WHICH CAN BE FOUND ON THE ORB.

Privacy Impact Assessment process

<https://orb.edinburgh.gov.uk/information-governance/general-data-protection-regulation-gdpr>

Documents conditions of processing, security controls, retention, privacy notices, risks.

Privacy Notices

<https://orb.edinburgh.gov.uk/information-governance/general-data-protection-regulation-gdpr>

Ensures data subjects informed.

Information Sharing Agreements

<https://orb.edinburgh.gov.uk/information-governance/general-data-protection-regulation-gdpr>

Ensures all partners play by the same rules.

Record Retention Policy

<https://orb.edinburgh.gov.uk/records-management/records-retention-schedules>

Risk Management Framework

Record information risks

https://orb.edinburgh.gov.uk/downloads/file/19487/cec_information_risk_procedure
<https://orb.edinburgh.gov.uk/information-governance/general-data-protection-regulation-gdpr>

See Appendix 3 – housekeeping

See Appendix 4 – frequently asked questions.

Websites.

For more information on Getting it right for every child (GIRFEC) visit:

Edinburgh edinburgh.gov.uk/girfec

Scotland www.gov.scot/girfec

***With special thanks to:
Anthea Grierson, Head Teacher, Juniper Green Primary School
Ayrshire GIRFEC team.***

Document Control	Name	Date
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CEC	Nicola Casey / Jane Saddler	January 2018
Authorised by	Sarah Hughes-Jones / Henry Sullivan.	May 2018

Appendix 1 Reports Submitted to external agencies.

REPORT	PURPOSE	Who receives?	Time frame	Link for further information
PRS (Pre-referral screening)	Diversion from criminal proceedings – chance for young person to engage with supports to avoid conviction with formal criminal justice system.	Every week a list of offenders to be discussed the following Wednesday is circulated to relevant professionals. Professionals include – reps from -Police, EWS, Soc. Work, FAHST, 3 rd Sector etc.	1 week – school report critical for assessment or delays will result.	http://www.gov.scot/Publications/2015/06/9182/5
Children’s reporter	Responsibility for dealing with children and young people under 16, and in some cases under 18, who commit offences or who are in need of care and protection. A children’s hearing (sometimes called a children’s panel) is a legal meeting arranged to consider and make decisions about children and young people who may be having problems in their lives.	Professional who then sends report to a panel member (lay tribunal member who volunteers to sit on Children’s Panel). Usually children over 12 receive the same reports as panel members.	2 weeks	http://www.scra.gov.uk/about-scra/
Review Panel Hearing	Review where someone is certified or involuntarily	A panel is made up of three people who are independent from the		

	detained under the <i>Mental Health Act</i> .	doctors who certified you, and include: The chairperson who is someone with a legal background. A doctor who has NOT treated you. A community member.		
Child Protection Case Conference	A core component of GIRFEC is the Child's Plan. Within the context of child protection activity, where the plan includes action to address the risk of significant harm, it is known as a Child Protection Plan and any meeting to consider such a plan is known as a Child Protection Case Conference (CPCC). There are four types of CPCC: initial; pre-birth; review; and transfer	The number of people involved in a CPCC should be limited to those with a need to know or those who have a relevant contribution to make. All persons invited to a CPCC need to understand its purpose, functions and the relevance of their particular contribution. This may include a support person or advocate for the child and or family. CPCC participants need to include: <ul style="list-style-type: none"> • local authority social worker(s); • education staff where any of the children in the family are of school age or attending pre-five establishments; • NHS staff, health visitor/school nurse/ GP as appropriate, depending on the child's age, and the children's paediatrician 		edinburgh.gov.uk/childprotectionprofessionals https://young.scot/local-authorities/dundee/stay-safe/what-is-a-child-protection-case-conference/ http://hub.careinspectorate.com/media/498949/children-young-people-bulletin-wk-ending-31-march.pdf http://www.chscotland.gov.uk/the-childrens-hearings-system/information-for-parents-and-carers/

		<p>where applicable; and</p> <ul style="list-style-type: none"> • police where there has been involvement with the child and/or parents/carers. 		
Core groups	<p>The initial core group meeting should be held within 15 calendar days of the initial CPCC.</p> <p>A core group is a group of identified individuals, including the Lead Professional, the child and their parents/carers, who have a crucial role to play in implementing and reviewing the Child Protection Plan</p>	<p>The core group will report back to the CPCC on progress on the Child Protection Plan. Where a core group identifies a need to make significant changes to the Child Protection Plan, they should notify the CPCC chair within three calendar days.</p>	Flow chart.	http://www.gov.scot/Publications/2010/12/09134441/11
ASAP (Additional Support Access Point.)	<p>Specialist teaching and support to children and young people across Edinburgh</p>	<p>Professionals – Assessment of Need and Child’s Plan should be submitted.</p>	<p>As soon as possible after evidence and CPM requires.</p>	<p>http://enquire.org.uk/service/additional-support-for-learning-service-asl-city-of-edinburgh-council/ ASAP referrals should now be sent to: cf.asap@edinburgh.gov.uk</p>

Appendix 2 - Child Protection Summary

Together with every school in Scotland, **Name of School** follows very clear Child Protection Procedures. These set out what agencies will do when children or young people may be at risk of abuse or neglect.

Below are some key points for you to read carefully

Whose responsibility is it to protect children?

Everyone is responsible for protecting children. Most children grow up in homes where they are loved and well cared for. However, for a variety of reasons sometimes a child may be harmed or mistreated in a way that is abusive. In such cases it is important that the child and their family receive help and support to ensure that the child is properly cared for and protected. All children have a right to grow up in a caring and safe environment. All adults have a responsibility to protect children. This includes:

- parents
- family members
- friends
- neighbours
- professionals
- members of the public
- voluntary organisations, youth groups etc
- religious organisations.

What is child abuse?

There are different types of abuse, for example

- **physical injury** – being hit, kicked, punched
- **physical neglect** – not being properly fed, clothed, cared for or poor hygiene
- **sexual abuse** – inappropriate sexual behaviour or language by an adult towards a child
- **emotional abuse** – constantly criticised, ignored, humiliated.

What might make you worried about a child?

Children rarely tell if they are being abused. However, there may be signs that concern you, which may be an indication of a child being abused or neglected.

The child may:

- have unexplained bruising or bruising in an unusual place
- appear afraid, quiet or withdrawn
- appear afraid to go home
- appear hungry, tired or unkempt
- be left unattended or unsupervised
- have too much responsibility for their age
- be acting in a sexually inappropriate way
- be misusing drugs or alcohol.

Not all children who are abused or neglected will display these signs and equally a child may display some of these signs and symptoms for other reasons. At times, there may be other reasons why you are worried about a child.

The adult may be:

- acting in a violent or sexual manner towards a child
- misusing drugs or alcohol while caring for a child.
- However, you may know of other things that are happening which means you need to take action to protect a child.

What do you do if you have general concerns about a child?

Sometimes it can be difficult to know if a child is being abused or is at risk of abuse. You might have general concerns about a child but be unsure whether or not the child is being abused. **If you are worried, you must immediately report your concerns to your line manager or designated child protection person for your organisation.**

At school name this person the Head Teacher **XXXX**. In his / her absence, report concerns to the DHT **XXXX**. If neither are available you should contact –

Social Care Direct on 0131 200 2324 /7

Evenings and weekends - 0800 731 6969

What do you do if a child tells you something has happened?

Do

- stay calm
- listen to the child
- keep any questions to a minimum
- reassure the child they were right to tell
- tell the child what you're going to do next
- record in the child's own words what has been said
- act promptly and immediately report to your line manager or designated child protection officer, ie HT or DHT

Don't

- ask too many questions
- make any false promises
- express shock or anger at what is being said to you
- interpret what the child is saying to you – just **record and report**
- delay listening to the child or passing on your concerns
- carry out an 'investigation' into the allegation

Appendix 3 -Professional Housekeeping 21.2.18

Process	What my school currently does...	Future actions
<p>Wellbeing concern forms – where are they stored?</p> <p>Who is responsible for updating the Wellbeing chronology at the front of a young person’s Wellbeing Concern file?</p>		<p>Wellbeing concern (WBC) form should be stored securely (locked) separate from PPR’s.</p> <p>Each child’s Wellbeing folder/section should be headed up with a Wellbeing chronology form</p> <p>Subsequent WBC forms should be filed and a brief summary recorded on the chronology sheet (allowing for patterns of frequency/type of concern to be easily identified).</p>
<p>Police files - where?</p>		<p>Police reports should be stored securely (locked) separate from PPR. Some schools prefer to store with WBC and others find easier to manage chronology in separate police folder.</p> <p>If a police report contains Child Protection content, then report should be stored in CP folder.</p>
<p>Child Protection where?</p>		<p>Child Protection (CP) information should be stored securely (locked) separate from PPR’s, usually in HT / DHTs office.</p>
<p>Child Planning documentation Where is it stored? Who can see it?</p>		<p>Child Planning Meeting document can be held electronically to allow it to be used as a working document. A copy should be printed and filed each time there is a meeting or update.</p> <p>The electronic working document can be stored on the G:Drive in a PIN protected folder on the G:Drive with only relevant members of staff having access. Only the most up to date version should be stored electronically rather than multiple copies.</p>
<p>Is all paper work locked away when not in use?</p>		<p>No paperwork should be left unsecured. Consider security out of hours – a locked office is not enough – FM staff will have access to rooms for cleaning etc.</p>
<p>Are you confidently creating notes in SEEMiS Pastoral Notes</p>		

in line with CEC Guidance?		
Who has access to: PPR'S Child Protection Police files Wellbeing Concerns		PPRs – locked away, only relevant staff have access. CP files - should be kept locked in a cabinet in the Head Teacher's/DHT's office so that he/she is the 'gatekeeper' and authorises access to view them. Police files – locked cabinet, out with the PPR. WBC - locked cabinet, out with the PPR.
What is the retention period for: -PPR'S? -Child Protection? -Police files? -Wellbeing Concerns?		PPRs -Retained in primary schools and sent to appropriate high school. Then 5 years from the date of last entry. Shredded. CP – 35 years. Police – for as long as they remain relevant, proportionate, and necessary. If they contain CP information – then retention period is again 35 years. WBC– for as long as they remain relevant, proportionate, and necessary. If they contain CP information – then retention period is again 35 years.
Does the school shreds or destroy confidential paper records no longer needed?		All should be shredded at the end of the retention period except for CP information which is held in archive for 35 years.
Is sensitive pupil information on your PC always stored in a pin protected file?		No sensitive information should be held locally on your computer. Relevant, necessary and proportionate information can be stored on the server (G:Drive) in a PIN protected folder (and only necessary staff should hold the PIN).
Do you use a pen drive for pupil information? Is pen drive encrypted?		Encrypted pen drive is more secure than emailing sensitive information home to be worked on. Sensitive information should not be emailed to your personal email address.
Process	What my school currently does...	Future Actions
Do you always ensure that you are logged on from a secure network i.e. password protected and not a public server?		You should use the school server. Where this is not possible you can use a secure home server with permission from your line manager. This needs to be a private server accessed using a password. Under no circumstances should information be sent/accessed via unsecured Wi-Fi/public networks e.g. on public transport, in cafes and via mobile devices.

<p>What other organisations do you regularly share information with? e.g. NHS/Police/3rd sector/ SW Are you aware of the need to have a service level agreement with the organisations with which you are sharing info?</p>		<p>CEC will create Information Sharing agreements with larger agencies. However, there is still a requirement to record on an individual's pupil record, that information has been shared and what discussions have taken place.</p>
<p>Do you know the difference between a request for information on; -Pupil Records? -Subject Access Requests? -Freedom of information?</p>		<p>Pupil Records – test results, factual information etc SAR (Subject Access Request) – sensitive personal details, over and above usual data held. FOI (Freedom of Information)– data collected from large numbers on a specific issue, not relating to one individual.</p>
<p>What steps would you take upon receipt of a Subject Access Request?</p>		<p>Once a request has been received it must be forwarded to the IGU (Information Governance Unit) without delay. Please ensure that the request is stamped with date of receipt. The Council has a legal requirement to fully respond to SARs (Subject Access Requests) within 30 calendar days from the date of receipt. There is no requirement to mention “subject access”, or make reference to the Data Protection Act when requesting personal data. Under no circumstances give out records to take away. Speak to information compliance / Information Governance unit.</p>
<p>Are you familiar with the risk register?</p>		<p>More information to come. This should be used to record risks, from health and safety to information risks. Once an incident is submitted through the 'SHE' portal it is reviewed by a Health and Safety Adviser and then approved. If further information is required or if the incident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, the school would be contacted to provide more information and/or to carry out an accident investigation. You won't necessarily receive a reply to a risk that has been recorded and is deemed to be acceptable risk.</p>
<p>The risk register is routinely used for Health &</p>		<p>Using email / working from home on home internet. More secure than 'on the go' which is not appropriate.</p>

Safety risks but can also be used to records information risks. Do you know what these might be?		
What is a Data breach and what would you do if a breach occurs?		Any information that has been lost or shared inappropriately. Report without delay to IGU (Information Governance Unit) – https://orb.edinburgh.gov.uk/databreach
Do you know what GDPR is and how it will affect you?		General Data Protection Regulations. Comes into force on 25 th May 2018. Copies here and will be on the orb. Sarah Hughes- Jones and IGU (Information Governance Unit) and PowerPoint. The following survey was issued on 13.2.18 to all council staff. Please take the time to complete as this will inform future training needs.

GIRFEC Implementation Officers Jane.Saddler@edinburgh.gov.uk Nicola.Casey@edinburgh.gov.uk

Appendix 4 – Frequently asked questions.

Frequently Asked Questions

Named Person (NP) is Health Visitor (HV). Wellbeing concern is completed re under 5. What happens next? Parent informed of WB concern completed and sent to NP? NP seeks consent from parent re engagement?

EY centre processes i.e. SWIFT, SEEMIs, green files, placement review process.

Yes – Wellbeing concern should be sent to HV who is the NP and HV would then look to engage parents. There is no requirement to involve a parent/carer/child when you are the one writing the Wellbeing concern but since in most cases, the nursery staff will be acting as the lead professional as they are likely to have the most involvement with the child, it would be good practise to keep the parents in the loop. The HV (as NP) needs to hold all information so should store the Wellbeing concern. For your own reference, you may keep a note of the wellbeing concern - this can be saved securely on SEEMiS Pastoral Notes.

Implications for nursery – conversations between HV and nursery staff is fundamental to our GIRFEC practise!

Grey areas – challenges to our professional integrity??

There should be no challenges to your professional practise as long as actions are documented clearly with what, who with, purpose of sharing or action and reason for action.

Notes should be stored on SEEMiS pastoral notes.

What is the 1-5 scale? Drop down menu on the new GIRFEC form.

1-5 scale refers to the Wellbeing outcomes.

1 being low and 5 being high (i.e 1 is of low wellbeing)

Do all WB concerns need to be shared with parents?

It is good practise to share concerns with parent/carer and child. Less surprises and greater transparency. The only time that you would not want to share is if the content of the Wellbeing concern is clearly Child Protection or you believe that by sharing with the parent/carer that the child would be at 'risk of harm'. In such situations you should document (in SEEMiS Pastoral Notes) your reason for not sharing.

If you seek consent at the CPM for specific agencies and record it in the minutes does that cover you for ongoing conversations/Sharing.

It covers you to have discussions with the people/agencies involved in the meeting and for the action points discussed. If, for example, you think of another useful avenue to explore for support, parent/carer/child should be consulted/permission requested before exploring. Again, it's about taking parent/child with you.

Nursery within school:

-sharing with HV – how/how much, when, what?

All Wellbeing concerns. Minutes of meetings, reports etc that you receive regarding the child should be sent to HV. As the Named Person, they need to hold all the information about the child. You can also keep your notes about the child, for the purpose of supporting the child at nursery.

- NP not head teacher so sharing is vital to nothing falling between the cracks?
- who should take the lead role.

Nursery staff are often the best placed to take the Lead Professional role and this would be agreed with the NP (HV). Any CPM minutes and reports would be sent to the HV.

P7 transition – S1 SEEMiS pastoral notes – consent from parents?

Since a good transition is recognised to start ahead of the child actually moving school, we need to make parents/carers/children aware of our practise and the benefits. This could go out as info on the school website/handbook/welcome letter to new parents. This should also include the option for parents to opt out if they so wish although this is unlikely.

Can you please clarify what you mean around 'cleansing' notes on SEEMiS and files at the point of transition?

At any point of which information is to be shared (including transition points), the named person (or the staff member working on their behalf) should decide what information is *relevant, proportionate, and necessary* to share to the specific audience. The original note should be kept as is and you can redact any information that is not relevant, proportionate and necessary for the intended audience. Each time it is shared, the same should be considered.

If info being shared is paper based (names of people other than the child should be removed/covered over). If it is information from SEEMiS pastoral notes, notes can be filtered by category so that only relevant info is shared. At points of transition e.g. when a child moves to a different school, notes that

you feel are not relevant, proportionate, and necessary to share can be changed to 'internal' notes. They will then not move with the child's SEEMIS record.

Parent 1 asks for parent 2 to be removed from 'significant adults' section on plan. Parent 2 has full parental rights but parent 1 states that to include, would be detrimental to their mental health. Do we remove or not?

The fact that we live in a world where not all parents agree with each other is not specifically a data protection issue and is a much broader challenge for GIRFEC/Named Person process and one that has been raised in national debate (I am not aware of a definitive position). From a data protection point of view, my advice is that professional judgement has a role to play and one parent should not necessarily be in a position to over-rule the other (but I can see it goes both ways). As with all information sharing decisions, I would encourage the teacher to record their decision and the reasons for acting in the way that they have taking account of the specific circumstances of the case, the views of both parents, the child (if appropriate), other professionals (if relevant - including seeking advice from colleagues if that would help), and, obviously, assessing the impact on the child for doing/not doing.

Do we have to tell a parent when school receives police report? We have been told previously 'no' then 'yes' now 'no' as we are receiving not sharing info.

No. You are receiving this for information only. The police have a responsibility to share with parents/carers/child when sharing with you.

Suggestion that we contact the strategic team with questions – who is this?

Martin Gemmell is the GIRFEC lead and his 4 senior Ed Psych's are taking forward the GIRFEC strategy. There is also a GIRFEC email address that is checked regularly. girfec@edinburgh.gov.uk

P7/S1 transition. Just now WB concern folders is passed on with chronology on front. Do we still continue to do this?

Yes – the Wellbeing chronology along with Wellbeing concerns should be sent to the pupil's new school in the same way as PPR's are transferred.

If a parent takes out a Data Subject Access Request, they can see what you have recorded even though you haven't shared it. Wouldn't it be clearer just to share everything?

Good practise would encourage discussions with parents to be as and when new info is received. So there should be no surprises exposed with an DSAR.

If a DSAR is requested, you should contact the Information Compliance team and they will walk you through the process. Information.compliance@edinburgh.gov.uk

Child leaves school and parent does not want information regarding CPM's to be passed to new school. What happens to record?

You would hope to have a discussion with parent regarding the benefit of passing on info such as CPM minutes in terms of continuity of care. It might be that there are aspects of the CPM minute that they do not want shared and it may be that a compromise can be reached by removing some without losing the advantage of passing on valuable information.

What if the parent/carer/child does not agree with all information being put on a form e.g. members in the family living at home

You may record on the CPM meeting minutes that the parent/child does not wish to share such information.

What if they do not agree to particular organisation attending meeting

You need to respect parent/carer/child's wishes when involving outside agencies. They also have to know that they can withdraw consent for involvement at any time. You would hope that conversations around the benefits/supports that could be provided by such outside agencies would encourage parent/child to agree.

Should a new form be used for passing info into other people e.g. CAMHS instead of filling out that and then duplicating paperwork?

Unfortunately, police, NHS and education are still using different forms so a referral to CAMHS would still need to be made on their own referral form.

When you are having a YPPM for a child who is already in the system, which paperwork should you use?

Your choice. You can start a new minute each time (keeping the key contacts at the start to save time retyping) or you can add to a previous meeting minute.

Consideration needs to be given to the fact that for some young people, CPM's are numerous and the minutes may become very difficult to read and send on if they are written up on the existing form.

Following each meeting, the CPM minutes should be printed and stored in the PPR or CP file accordingly. A working copy on the CPM minute can be kept on the server in a pin protected file.

Can you share information between colleagues within the school? What about people who are working in the school e.g. police link officer?

For a school to function day to day, information sharing in-house needs to happen. It is my understanding that any other sharing needs to be made clear to parents/carers/child. It may be that you discuss all children at some time with SDS (skills development Scotland) as part of career guidance and sharing of this nature is central to fulfilling your role as a school - this sharing can be explained in

school handbook/website. However, if the nature of sharing is specifically about one child and above and beyond the normal, then you would be looking to gain consent from the parent/carer/child. The police school link officer, although working in the school, is a different agency so sharing would not normally happen without consent, with the exception of Child Protection concerns and with the police in particular to aid the prevention / detection of a crime.

New CPM document is very detailed. To what extent does it need to be used for pathways 1 and 2 support in school?

There is nothing to stop you using the CPM template as a tool to focus your meetings at pathway1/2 and provide a minute.

Clarity on sharing paperwork – ASL service.

WB concerns – only one copy being kept with NP. What happens:

1. If this goes missing
2. Is not acted on
3. Person originally recording WB concern needs to go to court and answer questions (could be many years later - real case).
4. School vandalism/fire

If a Wellbeing Concern form is lost it needs to be reported as a potential data breach using the following form.

<https://orb.edinburgh.gov.uk/databreach>

There is not a process for a destroyed form but advice would be to contact the person who originally sent the form to resend/recreate where possible.

How are we to ensure professionals are *actually* sharing important information e.g. parent mental health

You have to trust other professionals to share what is relevant, proportionate and necessary for the wellbeing of the child and would hope that a well chaired CPM would allow for such sharing.

How do we share a concern with the parent when the concern IS the parent?

Discuss with a line manager / colleague and robustly record your actions. Consider if discussing with parent will increase the risk for the child. It may not be appropriate to share if this is the case.

Who can we share with -in house? ASL?

For a school to function day to day, information sharing in-house needs to happen. It is my understanding that any other sharing needs to be made clear to parents/carers/child. It may be that you discuss all children at some time with SDS (skills development Scotland) as part of career guidance

and sharing of this nature is central to fulfilling your role as a school - this sharing can be explained in school handbook/website. However, if the nature of sharing is specifically about one child and above and beyond the normal, then you would be looking to gain consent from the parent/carer/child.

Will the new GIRFEC paperwork replace IEP's?

No

Please clarify urgently – can police reports (filed in blue folders) and Wellbeing concerns (filed on green folders) be filed banded together with pupils PPR.

Advice is for police reports and Wellbeing concerns to be stored (in a locked cupboard) separately from the PPR's.

Could consistency be introduced between primary and secondary filing of above to ease transition for when new S1 paperwork arrives in secondary school.

This is a cluster decision.

What if a parent agrees but child doesn't?

The hope would be that, with your support, a way forward can be agreed/ negotiated. If not, the child's (aged 12 or above) wishes would need to be respected unless your professional judgement was that the matter was CP or the child was at risk of harm.

Should Assessment of Need and CPM minutes be kept separate from PPR?

No – both should be stored in PPR unless content is Child protection matter.

Is it a CPM if no professionals come?

Strictly speaking a CPM would be only be held when you need to go beyond the school supports to provide for the child i.e. when other professionals attend. The CPM paperwork can still be used as a means to focus and minute a 'parental meeting' though.

Where and for how long should we store CPM, child Wellbeing, police concerns etc?

All paperwork should be stored for the same timeframe as the child's PPR.

i.e. 5 years after leaving school for most pupils, 35 years for LAAC, 35 years for CP.

How do we manage a workload involved in completing the increasing paperwork?

Accurate recording is to ensure that wellbeing needs can be addressed at the earliest opportunity. You should flag up any difficulties that you have in complying with new guidance/legislation. This can be done by registering an information risk on the risk register.

How do we share info on the new paperwork when it includes details of other people e.g. addresses and dates of birth?

All attendees at a CPM should be asked for a contact address that they are willing to share. If sharing a young person's information with other professionals, care should be taken to redact details of any other person from the content being shared unless it has been agreed and is necessary, proportionate and relevant to share.

Can you expand boxes on new paperwork? Will we get further training in the new paperwork?

New boxes have been fixed and should now be expandable. Most recent documents are on the CEC website under GIRFEC.

We currently store emails from parents in an email folder (named after the child) within our email accounts so that we can quickly access emails sent/received on receipt of a data subject access request.

This is not a secure storage site but there is an acknowledgement that there might be particular emails that could form important evidence in disputes. A named person should retain the evidence that they would rely on and it would be their professional judgement to decide what evidence they need to keep.

Therefore, in such cases, you could store pertinent emails on the G: drive in a pin protected folder. Good practise would be to organise this folder in sub folders by year group and then by the name of the young person. Saving the information by year group first, would allow for the retention period to be implemented easily.

Exception: if a data subject access request is received, it is illegal to then delete emails. They must be given to the data compliance officer with the other data being released.

Bullying incidents are recorded on a Welfare Concern Form and stored with a record kept on SEEMIS Pastoral Notes.

Recording on SEEMIS Pastoral Notes is appropriate but if it is 'bullying' should be recorded and return made to CEC for any bullying/racist incident.

There was reference made at DHT meeting about not naming other pupils in our pastoral notes. For example, we are encouraged to use pastoral notes and in this school all PSL and SMT use it to record daily interactions with and about pupils. Many notes include incidents of alleged bullying, fights, arguments or friction between pupils (especially in S1 and S2). Can we clarify if this is also an area where we need consent? Staff use this all the time and if they had to get consent every time I note

down something following the daily incidents that go on in a school day they probably wouldn't get anything else done...

You can and should record incidents as you are currently doing, on pastoral notes in SEEMiS. References to another pupil (including initials) should not be included in a pastoral note. You do not need to gain consent to record this. However, if your concerns regarding a young person's involvement in such situations caused concern (e.g. in nature or frequency) you would then be looking to file a Wellbeing Concern and good practise at this stage would be to include the YP and the parent/carer.

If it is necessary, relevant and proportionate for another child to be included in the note, do then record the child's name (avoiding using initials which could cause confusion). HOWEVER, the named person needs to be responsible for 'cleansing' this note (i.e. removing information regarding other pupils) at times of sharing or transition and schools will need to consider this as a potential workload/risk.

What happens if a parent phones up and tells Pupil Support Leader something and asks for it to be shared with staff but not to tell the pupil – the pupil concerned is over 12. Do we now have to say to the parent that under information sharing protocol we must have the pupil consent too as they are over 12?

This scenario would not relate to information protocols. Good practise would be to hear what is being said and decide your action based on the content to be shared. If it were e.g. a heads up from parent that the young person's grandparent had died, they want you to be aware but not to discuss then this would seem entirely appropriate. It may be that you question why the child (regardless of age) is not being included in the conversation and in such cases, would be looking to encourage a conversation between child and parent (with your facilitation if required/requested).

Would we need permission from parent to ask Ed psych if there was any information re a pupil from primary school?

With transition notes (pastoral notes and CPM minutes) from primary, you would hope to know if there was already Ed Psych involvement. If so, ongoing CPM's would include the Ed Psych and parents. If not, and you would want to include the Ed psych going forward, you could discuss this with parents/YP before involving.

What if a pupil shares information and gives consent for sharing in a school setting to certain people for their benefit, but asks that parents are not informed?

My understanding is that the young person has the right to confidentiality and whilst you might be encouraging the young person to discuss with their parent/carer if appropriate, there is no requirement for them to do so. In terms of freedom of information, the parent could request access to their child's files, academic and personal. Over the age of 12, a young person would have the right to withhold specific information in their files from being shared. As a professional, you would be documenting your reasons and actions in pastoral notes.

What do we do if consent is given to only share part of the information – in a more formal setting – have a confidential minute for school only, recording the mixed consent, and a partial minute to share out?

I think this would be entirely appropriate to share in part unless of course you felt that by omitting to share information that you felt would put the child at risk. Staff should be encouraged to record their decision and reasons for acting.

What do we do if a separated/divorced parent gives consent to share information but doesn't want it shared with the ex-partner who is the other parent? (In almost all cases both parents have parental rights, it is rare we have a court order redacting parental rights)

You would firstly be wanting to ask the question of why the parent does not want to share. Is it that they 'just do not want to' or is that there is a risk to themselves or their child if the information is shared? If the information is pertaining to the parent who is disclosing, then this can be redacted if there were ever an information request from the other parent.

Explaining/collecting consent can be difficult in certain situations (I'm thinking our highest support needs) – is it possible to use Ed Psych services to help discuss consent and combine with hearing the voice of the child work pre YPPMs?

If you are meaning obtaining pupil consent in a situation where a child might need the content explained more fully, then this seems completely appropriate. In terms of obtaining consent from parents, if you have made efforts to obtain and have not been able to, you should record (on pastoral notes) that you tried to obtain and you reason for going ahead without having obtained consent.

Will the information leaflet that is being prepared for schools about the Information Sharing Bill and explicit consent contain some real examples for parents?

The one that we have seen to date is not specifically for schools however we are hoping to put together a guide to run alongside it with school specific scenarios.

How can we stop our ASL meeting in school becoming not fit for purpose by information constraints? (We are using initials on Minutes to protect identities which means in a very short time staff cannot work out who they were. We discuss less pupils/situations due to worries about permissions. This WAS a meeting as much for the professionals to bounce ideas and ensure all had input to make sure strategies chosen were best for the child using shared experience. We are losing that ability.)

The purpose of the meeting will define whether there is a need for consent prior to their child being discussed, or whether it is a matter of notifying the parents that their children will be discussed. I understand that there are various reasons why children might be discussed in this forum and so it is important to understand what the process is, in terms of consent or notification, in relation to how folks get there. Under GDPR, consent is not a reliable condition of processing (under data protection) so I think practice will need to move more towards letting parents know that their child can be discussed in such a forum, explaining the benefits of that, and seeking their view. I can envisage some occasions when, for whatever reason, the parents will indicate that they would rather not and that

will be an acceptable and tenable route for the school. There may be others where the school feels, in order to deliver its broader statutory responsibilities, that some kind of discussion is necessary.

In terms of external professionals, how these meetings are handled will, again, depend on what their purpose is and that will also define whether it is sensible for all professionals to be present all of the time, or some for only part of the time. It is very difficult to provide definitive advice in the abstract but the way to keep the right side of data protection is to ensure that the governance arrangements around the meeting process are documented, and privacy impact assessed if necessary, and that parents/participants/pupils are very clear about what is happening and why. This could, for example, include having statements with school handbooks explaining the type of meetings which take place, and their purpose so that no-one is surprised when their information is handled in a particular way.

In terms of minutes. It is best practice to keep these as protected as possible and whether it is reasonable to name children or not is likely to depend on how they will be circulated and used. Emails sent to external organisations from the school network will not always be secure and that will be likely to influence what information is circulated and how.

What happens if there is a difference of opinion? I.e. parents want something shared but the student doesn't or vice versa?

You would look to discuss with both parties in the hope of finding an agreed way forward. If, however, there was a significant risk to the young person to sharing/not sharing, then use your professional judgement, discuss the scenario with a colleague (if needed), record your reasoning and actions in pastoral notes on SEEMiS.

What if the student wants to share information with us, but doesn't want the parent to know, do we have to get the parents' permission/ inform them as well, or do we go with the young person's right to confidentiality?

The info below might also be useful to answer this....

Who can give consent?

Children under the Age of Twelve

In most circumstances where the child or young person is under the age of twelve, consent for information sharing should be sought from a parent/carer. However, the child or young person has a right to be kept informed and to participate in the process if possible. In circumstances where you consider a child or young person under twelve to have the capacity to understand *informed consent* then a request by the child or young that consent should not be sought from their parents/carers should be respected, wherever possible.

Children from the age of Twelve to Fifteen

Children and young people from the age of twelve are presumed to have the full mental capacity to give *informed consent* and to take decisions in their own right. If this is not the case, or you are in any

doubt, you should seek consent from their parent/carer or other person with legal authority to act on behalf of the child or young person unless to do so would place the child at further risk.

Children from Sixteen to Eighteen

Parental rights and responsibilities largely cease when a child is aged sixteen.

Parent/carers still have a responsibility to provide guidance to their child from age sixteen to eighteen.

And, just thought of another one, what about when parents are split, and disagree, who has the over-riding say? The main contact? Because sometimes custody is equal. I can think of one of my cases at the moment, where if Mum said “white”, Dad would definitely say “black”!?? In this case however, Mum does have full custody so I would go with Mum?!

From a data protection point of view, you would first be asking whether consent is necessary and that will depend on what is being shared with what professionals and why.

The fact that we live in a world when not all parents agree with each other is not specifically a data protection issue and is a much broader challenge for GIRFEC/Named Person process and one that has been raised in national debate (I am not aware of a definitive position). From a data protection point of view, advice is that professional judgement has a role to play and one parent should not necessarily be in a position to over-rule the other (but I can see it goes both ways). As with all information sharing decisions, I would encourage the teacher to record their decision and the reasons for acting in the way that they have taking account of the specific circumstances of the case, the views of both parents, the child (if appropriate), other professionals (if relevant - including seeking advice from colleagues if that would help), and, obviously, assessing the impact on the child for doing/not doing.

If the school requires consent and has it from a parent who has parental responsibility (and is a reasonable person to accept consent from) then I would not envisage a data protection problem here. I can quite see that there might be issues, but a breach of Data Protection is unlikely to top the list!

If consent has been received to share information with e.g. a specific Occupational Therapist, is the consent just for this particular O.T. or can the teacher also discuss the case with another OT in this department? It's not always possible to speak with the same person each time but should this be communicated to parent/carer/young person at the beginning, when seeking consent?

If the processing is based on consent, it will depend on what the person consented to. Were they asked, are you happy for us to talk to OT? (in which case all OT probably fine) or was it, are you happy for me to speak to Jane in OT (in which case they might feel consent had been limited).

When it is necessary to work from home and the school server cannot be accessed, which would be safer for temporary storage of sensitive pupil information – an encrypted pen drive or emailing attachment home?

Absolutely NOT emailing the attachment home. An encrypted pen drive would be preferable however I know that there are concerns about malware accessing the Council system through USBs so this is something to be mindful of. There will be further information about using 365 for this purpose- but the advice is not to use 365 yet.

When police request information about a pupil in your school and matter is not CP. Do we need to give info or should we be requesting consent/sharing this with parents/carers/child before sharing with police?

If police require the information for the prevention and detection of crime, it is fine to share as long as the information is relevant, necessary, and proportionate. The police should be able to explain sufficiently why they need the information to make a judgement about whether it is necessary. They should also be able to provide an authorised request form which will act as an audit trail. I would not expect these requests to be dealt with by schools unless the police are dealing with a particularly urgent matter. In general, section 29 requests (which is the DPA exemption when personal data is required for prevention/detection of crime) should be directed to the Information Governance Unit (IGU).

If a matter is urgent and the school does choose to deal with it directly, they should let the IGU know so a record can be kept. That might also help us support police/schools better to understand what is being asked for and why and whether going direct to schools is the best thing.

Police often send CCTV images of young people into school for identification. Is it ok to do without involving parent/child and should we be answering police questions about the young people?

As above, there is an exemption in data protection terms where personal data is required for the prevention and detection of crime and society generally has a responsibility to assist police where they are trying to investigate crime. BUT, if this does happen regularly I think I would like to see an agreed process so it can be consistently applied.

On SEEMiS the pupil profile has a place for storing parents contact details. Some schools have been using this area to store the contact information of professionals involved with the young person. Is this ok? Would the professional themselves have an issue with this?

I do not think it is a good idea to use a field for a purpose for which it is not intended. If there is a need to record professionals' details, I suggest it is agreed where this should be kept and the procedure is circulated to all. The same procedure should also recognise the criteria upon which professional details are recorded, how the information is kept updated, and manage the expectations of all involved.

What should I record in Pastoral notes on SEEMiS?

All schools should use SEEMiS Pastoral notes which:

- Provides secure storage and access can be restricted to appropriate staff
- follows a child/YP to any Scottish SEEMiS using school
- provides business continuity when school staff are not available
- can be used to inform a chronology

is a record of professional judgement and actions.

You should record **-Relevant, proportionate, necessary information**. Any significant event in a young person's life, contact with parents and external agencies, a record that information has been received and where it has been stored: *Wellbeing concerns, Children's Hearings, prof reports, LAC reviews, CP Conferences/ Core Group meetings*, dates of Assessment of Need, C/YPPM and where minutes stored. Please note that you should not rephrase another professional's words to avoid the risk of misinterpretation. Instead you may copy and paste relevant details.

Details of a Child Protection content should **not** be recorded on pastoral notes. An appropriate record for that could read

"Child Protection incident – for detail please see red Child Protection Folder"

Further information ('Quick start guide' and the more detailed Guidance and Manual for City of Edinburgh council) is available on the Orb.

How safe or otherwise is the H drive? It is a section of the server that an individual can use to store their own work – would require their log on to access. Can folders on the H drive be pin protected for sensitive info in the same way as on the G:drive. Would this add a layer of protection?

The H:drive on the Council network is a person's own drive. It is as secure as the G:drive but only accessible to the individual so it should really only be used to store information for personal use. I accept that might include short term reference documents but I would not recommend Council records, or any information that might need to be accessed by someone other than the individual is retained on H:drives because if they leave, or are off work, the information cannot be accessed by others who need it. That is why appropriately accessed controlled folders on the G:drive should be used.

H:drives are also deleted 90 days after staff leave the Council so any records held there, which should be kept for longer according to the Council's retention schedule would be lost.

Can I make copies of documents sent to me?

Yes, you become the owner of the document upon receipt of it, unless the document states you cannot. Usually only legal document. You would want to have a clear procedure, for destroying copies, and being clear about the reasons you might want to make copies, in place, so that we do not have multiple copies circulating and risk losing one.

Colour of folders for wellbeing/police files.

Other than the recommendation that CP files should be red, there is no advice on colour coding for wellbeing concerns, PPR's etc. Going forward I think your idea is a good one to improve continuity particularly at transition and if changes are to be made, we will look to include this.

Can police files be stored amongst Wellbeing concerns?

Maria Plant has said that this is for schools to decide. Police reports (Vulnerable Person Database) need to be kept separate from PPR's or in CP file, if appropriate, but all others can be stored where you deem appropriate/practical.

Coloured dots on PPR's - is this still the advice?

Good practise to have a coloured dot on PPR to flag up that there is also a CP file. So, no change to advice.

Now considered a risk if there are a series of coloured dots – should be 1 dot to flag that additional information is held elsewhere – the items held elsewhere and their location, should be stored securely on G-drive in a pin protected folder. More information to follow.

Data requests for numbers of police reports received?

Not known here as to whether this request came from Waverley Court nor whether this would be requested again however there is always the chance that an FOI request could come in. Police files kept separate from PPR's, will hopefully make them easier to find.

Archiving of SEEMiS files.

For deceased pupils – no, SEEMiS do not need to be made aware of these. It's sufficient that the school marks as a leaver with reason *Pupil has died*, where leaving date is the deceased date. In terms of them remaining on non-current, I don't think there's much could be done about that as it is a matter of historical record, and it will be needed in future for a variety of reasons e.g. not to pursue as missing, info goes to Scottish Government as part of ScotXed pupil census etc.

I think the thing could be dealt with a bit more tactfully is the point you make about the age increasing. I can't recall anyone ever previously approaching SEEMiS about that. It may be that with 'Next Generation SEEMiS' to be specified next year, it's something that could be built into that.

What should I do if I have been asked to attend a Multidisciplinary team meetings (MDT) sometimes called a 'professionals only meeting' and do I have to let the child / parent know?

A 'professionals only' meeting would usually only take place where there are Child Protection concerns. If, for example Community Child Health have requested the meeting and asked you to attend, they should be very clear about WHY this is a 'professionals only' meeting. The parent MUST be informed that the meeting is taking place (by the organiser) and the parent MUST be informed of the discussion and outcomes, unless there is a Child Protection element to the concern.

This should be robustly recorded throughout by all concerned. Especially why parents have been excluded. This would crucially need to include evidence why e.g. 'if mum involved this could put the child at risk by...'. (Identify risk of harm using the wellbeing wheel.)

The school should not engage in this meeting until they are satisfied the organisers have been clear with parents about this plan and have explained their reasons for not including them. Identify a venue for the meeting, ideally not at school if you are not hosting.

The other option is to seek consent from the parent for a 'professionals only' meeting. However, if the organisers are seeking consent this clearly tells the parent that there is an option about **if** this should happen – if they say 'no' they can't then decide to do it anyway!

If you are not calling / hosting the meeting / excluding the parents, it would not normally be your responsibility to inform the parents (like receiving a VPD about a child – police are responsible for this). Decisions should be made in conjunction with the Named Person so hopefully you (acting on behalf of NP) would feel you have been kept informed / involved.